FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000045868 (3) **DOCUMENT #**

MORTON HOMES, INC.

Principal Place of Business

Mailing Address



HOELYWOOI		7731 NW 42ND ST HOLLYWOOD FL 33	024	3. Date Incorporated or Qualified 06/08/1995	3a. Date	of Last Report
2. Principal Plac	ce of Business	2a. Mailing Address	THE STREET STREET, ST. LEWIS CO., LANSING STREET, C	4. FEI Number		Applied For
1182	S.E. ZAGLEDR	26 SAME		65-0586 9	90	Not Applicable
Suite, Apt. #,	COUNTY	Suite, Apt. #, etc.		5. Certificate of Status Desired	k	\$8.75 Additional Fee Required
City & State PORS	r St Lucie FL	City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 349	83 25	29	Country 30	· ·	□No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New F	Registered A	igent
			81 Name			
CISTAN	DN, CARL V W-4211178 T W OOD FE-89 024		82 Street 83	2811 S.E. EACLE DR		
			84 City	PORT ST. LUCIE	FL	85 Zip Code 34983
or registere familiar with	ed agent, 🕩 both, in the State 🎶 londa	nd 607.1508, Florida Statut . Such change was authoriz n 607.0505, Florida Statutes	zed by the corporation's	rporation submits this statement for the pul board of directors. I hereby accept the app	ointment as	inging its registered office registered agent. I am
SIGNATURE	signature, sped or pwited name of registered agent ar	d title if applicable (No	OTE: Registered Agent signature r	equired when reinstating)	DATE	9/7/
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF		
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octify that the information indicated on this annual regort or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if or inged, from all attachment with an address.

SIGNATURE:

LAND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR PASS

Date Disprise Phone H